

**ASSEMBLY BILL**

**No. 2887**

---

**Introduced by Assembly Member Berg**  
**(Coauthors: Assembly Members Portantino and Salas)**  
(Coauthors: Senators Oropeza and Wiggins)

February 22, 2008

---

An act to amend Section 104161 of the Health and Safety Code, relating to cancer.

LEGISLATIVE COUNSEL'S DIGEST

AB 2887, as introduced, Berg. Breast and Cervical Cancer Treatment Program: digital mammography.

Existing law requires the State Department of Public Health to develop and maintain the Breast and Cervical Cancer Treatment Program to expand and ensure breast and cervical cancer treatment for low-income and uninsured and underinsured individuals who are diagnosed with breast or cervical cancer. Existing law, for purposes of the program, defines “treatment services” to mean those health care services, goods, supplies, or merchandise medically necessary to treat the covered condition or conditions with which the individual made eligible under the program has been diagnosed.

This bill would provide that the definition of “treatment services” for purposes of the program also includes digital and analog mammography where mammography services are otherwise covered under the program.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

SECTION 1. Section 104161 of the Health and Safety Code is amended to read:

104161. For the purposes of this article, the following definitions shall apply:

(a) “Covered conditions” means breast or cervical cancer.

(b) “Breast cancer” includes primary, recurrent, and metastatic cancers of the breast, including, but not limited to, infiltrating or in situ.

(c) “Cervical cancer” includes all primary, recurrent, and metastatic cancers of the cervix, including, but not limited to, infiltrating or in situ, as well as cervical dysplasia.

(d) “Period of coverage” means the period of time beginning when an individual is made eligible under this article for a covered condition and shall not exceed the period of time the individual’s eligibility for treatment services for a covered condition concludes, as described in Section 104161.1.

(e) (1) “Treatment services” means those health care services, goods, supplies, or merchandise medically necessary to treat the covered condition or conditions with which the individual made eligible under this article has been diagnosed.

(2) *Treatment services also includes digital and analog mammography where mammography services are otherwise covered under this article.*

(f) “Uninsured” means not covered for breast or cervical cancer treatment services by any of the following:

(1) No cost full scope Medi-Cal.

(2) Medicare.

(3) A health care service plan contract or policy of disability insurance.

(4) Any other form of health care coverage.

(g) “Underinsured” means either of the following:

(1) Covered for breast or cervical cancer treatment services by any health care insurance listed in paragraph (2), (3), or (4) of subdivision (f), but the sum of the individual’s insurance deductible, premiums, and expected copayments in the initial 12-month period that breast or cervical cancer treatment services are needed exceeds seven hundred fifty dollars (\$750).

1     (2) Covered by share-of-cost or limited scope Medi-Cal, if the  
2 individual is not otherwise eligible for treatment services under  
3 the Medi-Cal program pursuant to Section 14007.71 of the Welfare  
4 and Institutions Code.

O